



Members:

Rep. Vanessa Summers, Chair
Rep. Mae Dickinson
Rep. Robert Behning
Rep. Michael Young
Sen. Patricia Miller, Vice-Chair
Sen. Lawrence Borst
Sen. Billie Breaux
Sen. Glenn Howard

CENTRAL STATE ADVISORY COMMITTEE

LSA Staff:

Ron Sobecki, Fiscal Analyst for the Committee
Robert Rudolph, Attorney for the Committee

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MEETING MINUTES

Meeting Date: September 23, 1998
Meeting Time: 10:30 A.M.
Meeting Place: State House, 200 W. Washington St.,
Room 156-B
Meeting City: Indianapolis, Indiana
Meeting Number: 4

Members Present: Rep. Vanessa Summers, Chair; Rep. Robert Behning; Sen. Patricia Miller; Sen. Lawrence Borst; Sen. Billie Breaux; Sen. Glenn Howard.

Members Absent: Rep. Mae Dickinson; Rep. Michael Young.

LSA Staff Present: Ron Sobecki, Fiscal Analyst; Bob Rudolph, Staff Attorney.

Representative Summers called the meeting to order and asked Cordelia Lewis, Director of Politics and Legislation, American Federation of State, County, and Municipal Employees (AFSCME) Local 62, to present the AFSCME position on the use of the Central State Property.

AFSCME Position

Ms. Cordelia Lewis provided the Committee with information concerning the need for a state-operated community-based facility to help individuals who are mentally ill or have a developmental disability and reside in the Indianapolis area¹. She stated that

¹ This document is on file in the Legislative Information Center, Room 230, Statehouse, Indianapolis, Indiana. The telephone number of the Legislative Information Center is (317) 232-9856, and the mailing address is 200 W. Washington St. Suite 301, Indianapolis, Indiana 46204-2789.

AFSCME did not agree with the plan developed by the 317 Task Force that calls for a closing of all state operated hospitals. She discussed the use of state-operated community-based residential facilities as a safety net for individuals with mental illness and those with developmental disabilities. Ms. Lewis described the advantages of state-operated community-based services over a patchwork of private providers. She testified that cost comparisons between state hospitals and private community based services are often misleading.

Ms. Lewis provided the Committee with an AFSCME fact sheet on managed care and the treatment of individuals with mental illness.²

Larue D. Carter Hospital

Ms. Diane Haugh, Superintendent, Larue Carter Hospital, provided background information on the hospital to the Committee.³ She stated that in December, 1996, Larue Carter moved to the Veterans Hospital Campus on Cold Springs Road. She said that Larue Carter has 146 in-patient beds (42 beds for children 8 -18 years of age, 52 beds for adults over 18 years of age, 42 beds for bio-medical research and clinical trials, and 10 beds for a step down unit similar to a group home setting). Ms. Haugh explained that, when the hospital moved, the bed capacity stayed the same.

Sen. Miller asked whether the mission of the hospital has changed with the move to a new location. Ms. Haugh replied that the mission has not changed in terms of the research being conducted, but the practice has changed. She explained that patients require longer care and that there are fewer resources available for moves back to the community. Ms. Haugh stated that the waiting period to enter Larue Carter has gone from 1-2 weeks to 3-4 months.

Ms. Haugh explained the procedure for an emergency situation. She stated that the Community Mental Health Center must make a referral and there is usually a bed available even if the hospital must go beyond capacity.

Sen. Borst asked whether Larue Carter is more of a teaching or research hospital rather than a hospital serving individuals with a mental illness. Ms Haugh replied that she sees the ratio between being a research/teaching hospital and a state mental hospital as 50 -50. Sen. Borst asked who makes policy for Larue Carter. Ms. Haugh stated that policy for Larue Carter is set by the Division of Mental Health. Ms. Haugh explained the decision making process for research projects at Larue Carter.

In response to a question from Sen. Borst, Ms. Haugh stated that about 65% of the patients at Larue Carter are from Marion County.

Sen. Borst stated that there is no place to go in Marion County for crisis intervention for in-patient treatment. Ms. Haugh stated that the Community Mental Health Centers are the gatekeepers for individuals in a crisis situation. She stated that Larue Carter does

² A copy of this information is on file in the Legislative Information Center (see footnote 1).

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not have a role in acute care. She said acute care usually means treatment for 7-10 days. Ms. Haugh explained that Larue Carter provides intermediate care. She said the average length of stay prior to the closing of Central State was 88 days. Ms. Haugh stated the average stay for an adult is now five to six months. She explained that acute crisis care is not the best role for Larue Carter.

Representative Summers set the next meeting for October 14, 1998, at 1:00 p.m. in Room 156-B. There being no further business the meeting was adjourned.